24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
Check If Z 24-hour report 48-hour report New report Amends report filed on	M / D D / Y B Y B Y
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services Date	M / D D / Y Y Y
Mailing Address 220 E Adams St	11 01 2012
Suite 200 Amount	nt
City State Zip Code	630.00
Springfield IL 62701	ction ID : SE.5006
Purpose of Expenditure Walk Cards Category/ Type Office Sough	ht: House State: IL Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER Check One:	President Support Oppose
Calendar Year-To-Date Per Election Disbursemer 245160.92 Ot	nt For: Primary General
	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 E Adams St Suite 200 Amoun	nt
City State Zip Code Springfield IL 62701	630.00 ction ID : SE.5007
Purpose of Expenditure Walk Cards Category/ Type Office Sough	ht: House State: IL Senate District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Ot	nt For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	1260.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	. 7 7 7 .
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise [Electronically Filed] Date 11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y